



**NEW HIRE INFORMATION SHEET**

Client Company: FRENCH TRUCKING, INC

Name: \_\_\_\_\_  
Last (Legal Name as it Appears on your Social Security Card) First Middle

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical and Mailing Address are the same

Physical Address: \_\_\_\_\_  
Street (No PO Box) City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**In Case of Emergency**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Official Job Title: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> OTR Driver           | <input type="checkbox"/> Local Driver      | <input type="checkbox"/> Other Driver (Specify): _____ |
| <input type="checkbox"/> Mechanic Supervisor  | <input type="checkbox"/> Mechanic          | <input type="checkbox"/> Driver Manager (Dispatcher)   |
| <input type="checkbox"/> Warehouse Supervisor | <input type="checkbox"/> Warehouse         | <input type="checkbox"/> Sales (Inside)                |
| <input type="checkbox"/> Office/Clerical      | <input type="checkbox"/> Office/Managerial | <input type="checkbox"/> Sales (Outside)               |

Original Date of Hire w/Client: \_\_\_\_\_ 1<sup>st</sup> date worked with PEO: \_\_\_\_\_

**Employment Status (Hours Worked are 'Per Week'):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Full-Time (40+ hours) | <input type="checkbox"/> Part-Time Bene t Eligible (30-40 hours) | <input type="checkbox"/> Part-Time (Less than 30 hours) |
| <input type="checkbox"/> Seasonal              | <input type="checkbox"/> Temporary                               |   |

**Specify Rate of Pay (Please Designate Rate Amount \$ or %)**

**Drivers:**

- |   |  |
|---|--|
| <input type="checkbox"/> Trip Pay _____ per trip OR <input type="checkbox"/> Variable       | <input type="checkbox"/> Mileage Pay _____ per mile OR <input type="checkbox"/> Variable |
| <input type="checkbox"/> Load Pay _____ per load OR <input type="checkbox"/> Variable       | <input type="checkbox"/> Stop Pay _____ per stop OR <input type="checkbox"/> Variable    |
| <input type="checkbox"/> Layover Pay _____ per layover OR <input type="checkbox"/> Variable | <input type="checkbox"/> Tarp Pay _____ per tarp OR <input type="checkbox"/> Variable    |
| <input type="checkbox"/> Other (specify): _____   |  |

**Others:**

- |  |   |
|--|---|
| <input type="checkbox"/> Salary Rate: \$ _____ per _____ | <input type="checkbox"/> Overtime \$ _____        |
| <input type="checkbox"/> Hourly \$ _____                 | <input type="checkbox"/> Non-Exempt from Overtime |
| <input type="checkbox"/> Exempt from Overtime            | <input type="checkbox"/> Other (specify) \$ _____ |
| <input type="checkbox"/> Commission \$ _____ / _____ %   |   |

Location: \_\_\_\_\_ Division: \_\_\_\_\_

Client Company Representative _____	Date _____
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**Anti-Discrimination Notice:** *It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.*

PEOPLEASE, LLC / PLC Services, LLC is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements, which require the employer to invite employees to voluntarily self-identify their race/ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires your employer to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below. Your voluntary cooperation is appreciated.

**Please Complete In Full:**

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Gender (check appropriate response):       Female       Male

**Ethnic Group:** Please check **one** of the descriptions below corresponding to the ethnic group with which you **most identify**:

- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Check any that apply:       Veteran       Vietnam Vet       Disabled Vet  
                                  Newly Separated Vet       Service Medal Vet       Active Duty Badge Vet  
                                  Other Protected Vet



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>					
Last Name, First Name and Title of Employer or Authorized Representative					First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Address, City or Town, State, ZIP Code					

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

## Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to review by the IRS.**

# 2023

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	<b>(b) Social security number</b>
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500..... \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	

<b>Employers Only</b>	Employer's name and address <b>PEOPLEASE, LLC 177 MEETING STREET, SUITE 300 CHARLESTON, SC 29401</b>	First date of employment	Employer identification number (EIN) <b>57-0993401</b>
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: \$20,800 if you're head of household, \$27,700 if you're married filing jointly or a qualifying surviving spouse, \$13,850 if you're single or married filing separately
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

## **WORKSITE EMPLOYEE ACKNOWLEDGMENT**

1. **Introduction to PEOPLEASE, LLC.** Your Worksite Employer has entered into a contract with PEOPLEASE, LLC (“PEO”) to assist Worksite Employer (defined below) with human resources related matters, such as payroll, workers’ compensation insurance, and employee benefits. Your Worksite Employer is: FRENCH TRUCKING, INC (COMPANY) The term “Worksite Employee” refers to you.

2. **Your Worksite Employer.** You acknowledge that your Worksite Employer, and not PEO, retains control of the worksite; supervises and directs your day-to-day work activities; provides the facilities and furnishes the equipment and supplies for your work, including personal protective equipment, if any is required to perform your job duties; determines your work schedule; monitors your workload and productivity; ensures that you are properly trained to perform your job safely; ensures that you are covered by an effective Injury and Illness Prevention Program, which it has established; and determines your rate of pay and job classification. PEO will take responsibility for certain human resources related administrative matters, as agreed upon between PEO and your Worksite Employer. Some states may require PEO to assume specific roles or responsibilities. In addition, certain states require additional information as part of this Acknowledgment. Refer to Exhibit “A” (which is attached hereto and incorporated by reference as if set forth fully herein) for additional information that might be unique to the state in which your work.

3. **At-Will Status.** Your employment relationship with Worksite Employer remains at-will, which means it can be terminated by you or Worksite Employer with or without cause and with or without advance notice, unless you have a written employment contract with Worksite Employer providing you with something other than at-will employment with Worksite Employer. Regardless of the nature of your employment relationship with Worksite Employer, PEO’s services related to you can be terminated at any time. If your employment relationship with Worksite Employer ends, your status with PEO will also end at that time. However, if your Worksite Employer and PEO end their contract with one another, thereby terminating your status with PEO, that event alone would not result in the termination of your employment relationship with Worksite Employer.

4. **Privacy & Security.** During and in the course of your employment with Worksite Employer, you will have access to and/or receive private, confidential, and/or proprietary information that Worksite Employer maintains, some of which pertaining to or having been received from employees, job applicants, clients, customers, and other third parties (hereinafter "Private Information"). You acknowledge that you have a duty to maintain the confidentiality of any Private Information you access or receive and to use it only for purposes of performing your job. During and after your employment with Worksite Employer, you will honor and comply with all obligations to protect and safeguard such Private Information, will keep it in the strictest confidence, and will not disclose it to anyone (other than Worksite Employer personnel who need to know such information in connection with their work) or use it, except in connection with your work for Worksite Employer. You will exercise due diligence and reasonable care when handling, maintaining, transferring, disposing or storing any Private Information so as to not risk unauthorized use or disclosure of the information or violate any federal or state privacy laws. You agree to fully and completely comply with all security and privacy policies and directives of Worksite Employer. You will immediately give notice to Worksite Employer of any unauthorized use or disclosure of Private Information and will assist Worksite Employer in remedying any such unauthorized use or disclosure.

5. **PEO Benefits.** If your Worksite Employer decides to use PEO’s services, you may be eligible to participate in benefits provided by PEO, while Worksite Employer has a contract with PEO. The

Plan Documents for such benefits will control your eligibility to participate in benefits and the extent of the benefits provided.

6. **Worksite Employer Paid Time Off and Other Benefits.** In the event that Worksite Employer maintains policies providing paid time off from work, such as vacation, sick leave, PTO, or paid leave for specific reasons such as pregnancy, Worksite Employer is solely responsible for funding or determining eligibility for benefits under such policies. PEO does not provide, and has no policy providing, vacation or other paid time off benefits, except to the extent required by law. To the extent paid time off benefits are paid through PEO's payroll, it is solely as an administrative service on behalf of Worksite Employer. Similarly, to the extent Worksite Employer provides other benefits pursuant to policies to which PEO is not a party, such as severance pay, stock options, bonuses, profit sharing, retirement benefits, disability insurance, and so forth, Worksite Employer is solely responsible for providing such benefits (or procuring the benefits from third parties). To the extent state or local paid sick leave laws apply to you, Worksite Employer is responsible for providing such benefits both on behalf of Worksite Employer and on behalf of PEO (to the extent PEO has any obligations under such laws). By providing examples of potential Worksite Employer benefits, this Acknowledgment does not create any right to such benefits or imply that any such benefits exist.

7. **Discrimination, Harassment and Other Unlawful Treatment.** If you feel that you have been subjected to discrimination, harassment, retaliation, denied a legally-mandated leave, or experienced other unlawful treatment in your employment, or if you require an accommodation to perform the essential functions of your job and/or for your religious beliefs or practices, immediately contact your supervisor or another member of management at your Worksite Employer. If you do not feel comfortable contacting anyone at Worksite Employer, or if you feel that Worksite Employer has not adequately addressed your concerns, notify PEO immediately. The accommodations referenced herein include, but are not limited to, lactation accommodation. Unlawful discrimination, harassment, and retaliation are defined and discussed in separate policies that have been provided to you. Please be certain you read and understand those policies. If such written policies are not yet available to you at a time when you need to review and understand your entitlements, obligations, and rights with regard to these subjects, contact PEO for assistance.

8. **Wage and Hour Compliance.** Although PEO processes the payroll for your compensation and may assist Worksite Employer with other administrative matters involving your compensation, only your Worksite Employer is able to ensure that: your hours of work are all captured and reported correctly for payment; you are classified correctly as exempt or non-exempt; you are paid overtime if overtime is applicable to you; you are reimbursed for reasonable work-related expenses; and you receive the breaks to which you may be entitled. You agree that Worksite Employer has sole control of these topics, and that therefore Worksite Employer is solely responsible for any claims you may have related to these topics.

9. **Accidents and Injuries.** *Immediately report work related injuries or accidents, or unsafe working conditions to your supervisor, and contact PEO if the situation is not timely addressed by your supervisor.* You should immediately stop working if you feel your work area is unsafe. Additionally, if you are assigned work that you reasonably believe to be dangerous, you may refuse to do that work, and you should contact your supervisor or PEO. Worksite Employer reserves the right to require post-accident/post-injury drug and alcohol screening when permitted by law. Refer to the applicable drug and alcohol policy for more information on drug and alcohol screening.

10. **Arbitration.** Worksite Employer and PEO utilize binding arbitration to resolve disputes, as set forth in the Worksite Employer/ PEO Arbitration Agreement. You will be required to execute the applicable Arbitration Agreement, which by this reference is incorporated into this Acknowledgment. If you have a separate valid arbitration agreement with Worksite Employer that agreement will apply to disputes between you and Worksite Employer, and the applicable arbitration agreement provided by PEO will apply to disputes between you and PEO.

11. **General Terms.** This Worksite Employee Acknowledgment (including exhibits) is the entire agreement between you and PEO with respect to the subjects addressed in this Acknowledgment, and this Acknowledgment takes the place of all prior and contemporaneous agreements, representations, and understandings regarding the subjects addressed herein. Should any term or provision of this Acknowledgment, or portion thereof, be declared void or unenforceable it shall be severed, and the remainder of this Acknowledgment shall be enforceable. The terms of this Acknowledgment may only be changed in writing, by an authorized representative of PEO.

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WORKSITE EMPLOYEE SIGNATURE

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WORKSITE EMPLOYEE NAME (PRINT)

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DATE

## EXHIBIT "A"

### WORKSITE EMPLOYEE ACKNOWLEDGMENT

#### STATE SPECIFIC CO-EMPLOYER NOTICE AND DISCLOSURE

This Co-Employer Notice and Disclosure modifies the Worksite Employee Acknowledgment as follows:

1. In order to provide its services, certain states require PEO to reserve rights and/or commit to certain obligations with respect to your employment.

2. In addition, if you work in one of the following states, the terms set forth below regarding the applicable state apply to you. Any terms listed below shall not affect PEO's reservation of rights and/or obligations in any other states not so listed.

a. California

i. *Meal Periods, Rest Breaks, and Recovery Periods*

Worksite Employer provides an uninterrupted, unpaid, duty-free 30-minute meal period to non-exempt Worksite Employees on days when they work more than 5 hours. This meal period begins no later than the end of the fifth hour of work. Worksite Employer also provides a second uninterrupted, duty-free 30-minute meal period to non-exempt Worksite Employees on days when they work more than 10 hours. This second meal period begins no later than the end of the tenth hour of work. Only in limited circumstances can meal periods be waived.

Additionally, Worksite Employer provides an uninterrupted, paid, duty-free 10-minute rest break for every four hours worked (or major fraction thereof), which should be taken so far as practicable in the middle of each work period. Worksite Employer generally will not authorize a rest break for Worksite Employees whose total daily work time is less than three and one-half (3 ½) hours.

Worksite Employer also provides Worksite Employees who work in conditions exceeding 80 degrees Fahrenheit with the opportunity to take an uninterrupted, paid, cool-down period of at least 5 minutes, as needed to avoid overheating. Worksite Employer will permit Worksite Employees to access provided shaded area(s) and drinking water at any time to avoid heat illness.

Worksite Employer schedules work assignments with the expectation that Worksite Employees will take their duty-free meal periods, rest breaks, and, if applicable, recovery periods, and PEO endorses this policy. Worksite Employer may ask Worksite Employees to confirm in writing that they have been relieved of all duty and otherwise provided all meal periods, rest breaks, and applicable recovery periods during a particular pay period, or in the alternative, identify missed meal periods or rest breaks or denied recovery periods. Worksite Employer does not permit Worksite Employees to perform off-the-clock work or otherwise alter, falsify, or manipulate any aspect of their timekeeping records or to inaccurately reflect or hide meal periods or time spent working during meal periods. Please note, however, that no Worksite Employer manager or supervisor is authorized to instruct Worksite Employees how to spend personal time during a meal period or rest break. Worksite Employees should immediately report a manager's or supervisor's instruction to skip or work during a meal period, rest break, or applicable recovery period to Worksite Employer.

*ii. Legally-Mandated Leaves*

Worksite Employer provides Worksite Employees time away from scheduled work to the extent required by applicable law provided that eligibility and notice requirements pertaining to the requested leave are satisfied. Legally-mandated leaves of absence include the following: paid sick leave; leave for jury or witness duty; leave for voting; leave for emergency rescue personnel; civil air patrol leave; leave for victims of felony crimes, domestic violence, sexual assault, or stalking; family-school partnership leave; organ or bone marrow donor leave; pregnancy disability leave; Paid Parental Leave/"Mini-CFRA" leave; FMLA/CFRA leave, including military-related FMLA/CFRA leave; leave for family members of military personnel; and leave to fulfill military duties. PEO endorses this policy.

*iii. Alcohol and Drug Testing*

Worksite Employer prohibits the unauthorized possession or use of alcohol, drugs, or other mind-altering or intoxicating substances while Worksite Employees are at work or engaged in work-related activities. Worksite Employees may be required to submit to drug/alcohol screening whenever Worksite Employer has a reasonable suspicion that Worksite Employee has violated this rule. Reasonable suspicion may arise from, among other factors, supervisory observation, reports or complaints from other Worksite Employees, performance decline, attendance or behavioral changes, results of drug searches or other detection methods, or involvement in a work related injury or accident, the circumstances of which create a reasonable suspicion that Worksite Employee has violated this rule. To enforce this policy, Worksite Employer may investigate potential violations and require Worksite Employees to undergo drug/alcohol screening, including urinalysis, blood tests or other appropriate tests and, where appropriate, searches of all areas of Worksite Employer's physical premises, including, but not limited to work areas, personal articles, Worksite Employees' clothes, desks, work stations, lockers, and vehicles located on Worksite Employer's premises.

b. Hawaii

- i. Only to the extent required by State law, PEO shall serve as the employer of record during the term of this Agreement for purposes of complying with all laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and prepaid health care coverage.

c. Massachusetts

- i. Worksite Employer shall post a notice of the co-employment relationship and provide a copy of the notice to worksite employees in a form that is substantially similar to Exhibit "B," hereto, in compliance with 454 Code Mass. Regs. § 30.06.

d. Montana

- i. Only to the extent required by State law, PEO (a) reserves a right of direction and control over Worksite Employees; and (b) retains authority to hire, terminate, discipline, and reassign Worksite Employees.
- ii. Worksite Employer retains sufficient direction or control as necessary to conduct its business and without which Worksite Employer would be

unable to conduct business, discharge fiduciary responsibilities, or comply with State licensing laws.

- iii. Worksite Employer retains the right to accept or cancel the assignment of a Worksite Employee.

e. New Hampshire

- i. In compliance with NHRSA § 277-B:9(I)(i) and (j), Worksite Employee, or someone acting on his or her behalf, may contact Worksite Employer at 53 ELLIOTT POWER DRIVE, LEXINGTON, TN, 38351, 731-968-5391, to address any work-related questions or concerns that Worksite Employee may have or to lodge any work-related complaint. If Worksite Employer does not timely or completely address the issue(s) or complaint(s) lodged by Worksite Employee, then Worksite Employee may contact PEO at 1-800-948-4453.

f. New Mexico

- i. PEO is in compliance with the State's workers' compensation requirements under NMSA § 52-1-4.

g. Rhode Island

- i. Worksite Employer shall be solely responsible for the quality, adequacy, and safety of the goods or services produced or sold in Worksite Employer's business.
- ii. Worksite Employer shall be solely responsible for directing, supervising, training, and controlling the work of the Worksite Employees with respect to the business activities of Worksite Employer and shall be solely responsible for the acts, errors, or omissions of the Worksite Employees with regard to those activities.
- iii. PEO shall not be liable for the acts, errors, or omissions of Worksite Employer or of any Worksite Employee when the Worksite Employee is acting under the express direction and control of Worksite Employer.
- iv. A Worksite Employee shall not be considered, solely as the result of being a Worksite Employee, an employee of PEO for purposes of general liability insurance, fidelity bonds, surety bonds, employer's liability which is not covered by workers' compensation, or other liability insurance carried by PEO unless the Worksite Employees are included by specific, express reference in an applicable employment agreement, insurance contract or bond.

h. South Carolina

- i. Only to the extent required by State law, PEO (a) reserves a right of direction and control over the Worksite Employees; (b) retains a right to hire, discipline, terminate, and reassign the Worksite Employees; (c) has the responsibility to pay wages to the Worksite Employees and to collect



and pay payroll taxes on such wages, regardless of payments by the Worksite Employer to PEO; and (d) retains a right of direction or control over the adoption of employment policies and the management of workers' compensation claims, claim filings, and related procedures on joint agreement by Worksite Employer and PEO in accordance with applicable federal and state laws.

- ii. PEO and Worksite Employer are operating under and subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to a Worksite Employee, the injured Worksite Employee, or someone acting on his or her behalf, shall notify immediately PEO at 1-800-948-4453 and Worksite Employer at 731-968-5391. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to a Worksite Employee or a Worksite Employee's beneficiaries and may result in failure to receive any compensation benefits.
- iv. PEO and Worksite Employer have agreed that (a) notice to or acknowledgment of the occurrence of an injury on the part of Worksite Employer is notice to or knowledge on the part of PEO and its workers' compensation insurer; (b) for the purposes of state law, the jurisdiction of Worksite Employer is the jurisdiction of PEO and its workers' compensation insurer; (c) PEO and its workers' compensation insurer are bound by and subject to the awards, judgments, or decrees rendered against them under state law; and (d) insolvency, bankruptcy, or discharge in bankruptcy of PEO or Worksite Employer does not relieve PEO, Worksite Employer, or their respective workers' compensation insurers from payment of compensation for disability or death sustained by an employee during the life of a workers' compensation insurance policy.
- v. PEO is licensed and regulated by the South Carolina Department of Consumer Affairs. Worksite Employee understands that any questions, issues, or complaints regarding his or her co-employment, professional employer organizations generally, or PEO specifically, may be brought to either PEO's or the Company's attention at any time. Worksite Employee further understands that any unresolved complaints concerning PEO or questions concerning the regulation of professional employer organizations in South Carolina can be directed to the South Carolina Department of Consumer Affairs, PO Box 5757, Columbia, SC 29250, [www.consumer.sc.gov](http://www.consumer.sc.gov), (803) 734-4200.

i. Texas

- i. Worksite Employer is solely obligated pay any wages for which (a) obligation to pay is created by an agreement, contract, plan, or policy between Worksite Employer and PEO; or (b) PEO has not contracted to pay.
- ii. Worksite Employee understands that any questions, issues, or complaints regarding his or her co-employment, professional employer organizations generally, or PEO specifically, may be brought to either

PEO's or the Company's attention at any time. Worksite Employee further understands that any unresolved complaints concerning PEO or questions concerning the regulation of professional employer organizations in Texas may be addressed to: Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, (512) 463-6599, <https://www.tdlr.texas.gov/>.

j. Virginia

- i. In case of a work-related accidental injury or death to a Worksite Employee, the injured Worksite Employee, or someone acting on his or her behalf, shall notify immediately PEO at 1-800-948-4453 or Worksite Employer at 731-968-5391. In case Worksite Employee becomes partially or fully unemployed through no fault of his or her own, Worksite Employee can apply for unemployment benefits by contacting the Virginia Employment Commission at (866) 832-2363, or completing an on-line application by going to [www.vec.virginia.gov](http://www.vec.virginia.gov).

3. Notwithstanding the above, PEO assumes no obligations beyond that which are required by law in order to provide PEO services. To the extent consent to the PEO co-employment arrangement is required in the state where you work, your signature on the Worksite Employee Acknowledgment represents your consent.

4. In the event of any conflict between the Worksite Employee Acknowledgment and this Co-Employer Notice and Disclosure, this Co-Employer Notice and Disclosure shall control. Except as set forth herein, the Worksite Employee Acknowledgment is not modified by this Exhibit "A."

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<p>This document contains important information. Please have it translated immediately.</p> <p>В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.</p> <p>Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.</p> <p>تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً.</p> <p>Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.</p>	<p>Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.</p> <p>Este documento contém informações importantes. Por favor, traduzi-lo imediatamente.</p> <p>此文件含有重要信息。請立即找人翻譯。</p> <p>본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.</p> <p>Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.</p>	<p>ເອກະສານສະບັບນີ້ ບັນຈຸຂໍ້ມູນສໍາຄັນ. ກະລຸນາເອົາເອກະສານສະບັບນີ້ໄປແປອອກ ຢ່າງບໍລິເວນ.</p> <p>ឯកសារនេះមានສູງກິຕິຢາດສຳຄັນ ຯ</p> <p>សូមបកប្រែវាជាបន្ទាន់ ។</p> <p>Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.</p>
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## **FEDERAL ARBITRATION AGREEMENT**

The employee identified below (EMPLOYEE) ("Employee") on the one hand, and FRENCH TRUCKING, INC ("Company") and PEOPLEASE, LLC ("PEO"), on the other hand, agree to utilize binding arbitration as the sole and exclusive means to resolve all disputes that may arise between Employee and the Company and/or Employee and PEO, including but not limited to disputes regarding termination of employment and compensation. Employee specifically waives and relinquishes their right to bring a claim against the Company and/or PEO, in a court of law, and this waiver shall be equally binding on any person who represents or seeks to represent Employee in a lawsuit against the Company or PEO in a court of law. Similarly, the Company and PEO specifically waive and relinquish their rights to bring a claim against Employee in a court of law, and this waiver shall be equally binding on any person who represents or seeks to represent the Company or PEO in a lawsuit against Employee in a court of law.

Employee's agreement to arbitrate claims against the Company or PEO includes claims that Employee may bring against the Company's or PEO's respective parent, subsidiary, affiliated or client entities as well as against owners, directors, officers, managers, employees, agents, contractors, attorneys, benefit plan administrators, and insurers of the Company or PEO, or of the Company's or PEO's parent, subsidiary, affiliated or client entities (hereinafter "Company Entities"). Employee also agrees to arbitrate claims against any person or entity that Employee may allege to be a joint employer with the Company.

Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination, harassment and/or retaliation, or unpaid wages or benefits, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act, the Americans with Disabilities Act, the Fair Labor Standards Act, the Family and Medical Leave Act, or any other state or federal law or regulation), equitable law, or otherwise. The only exception to the requirement of binding arbitration shall be for claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for unemployment compensation benefits, claims for medical and disability benefits under state workers' compensation law, or other claims that are not subject to arbitration under current law. However, nothing herein shall prevent Employee from filing and pursuing proceedings before the United States Equal Employment Opportunity Commission, or similar state or local agency (although if Employee choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). By this Agreement, Employee, the Company and PEO give up their right to trial by jury of any claim Employee may have against the Company or PEO, or Company Entities, or of any claim the Company or PEO may have against Employee.

Employee, the Company, and PEO agree that any claim, dispute, and/or controversy that Employee may have against the Company, or PEO, or Company Entities, or that the Company or PEO may have against Employee, shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act ("FAA").

In addition to any other requirements imposed by law, the arbitrator selected shall be a retired federal judge or judge of the state court of general jurisdiction, or an otherwise qualified individual to whom the parties mutually agree and shall be subject to disqualification on the same grounds as would apply to a judge of such court. The arbitrator shall follow and observe the Federal Rules of Civil Procedure and the Federal Rules of Evidence, and all rules of pleading (including the right to file a Motion to Dismiss), all rules of evidence, all rights to resolution of the dispute by means of motion for summary judgment, judgment on the pleadings, directed judgment, non-suit, or other dispositive motions. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings shall be considered privileged. As reasonably required to allow full use and benefit of this Agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion.

Resolution of all disputes shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. Within thirty days of the arbitrator's final written opinion and order, the opinion shall be subject to affirmation, reversal or modification, at either party's written request, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the United States Circuit Court of Appeals of a civil judgment following court trial.

All claims brought under this binding arbitration Agreement shall be brought in the individual capacity of Employee, the Company, or PEO. This binding arbitration agreement shall not be construed to allow or permit the consolidation or joinder of other claims or controversies involving any other employees or parties, or permit such claims or controversies to proceed as a class or collective action. No arbitrator shall have the authority under this Agreement to order any such class or collective action. By signing this Agreement, Employee agrees to waive any substantive or procedural rights that Employee may have to bring or participate in an action brought on a class or collective basis.

Any dispute concerning the validity, enforceability, scope or interpretation of this Agreement, or concerning the arbitrability of a particular claim, shall be resolved by a court of law of competent jurisdiction. If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

If certain claims are determined not to be subject to this Agreement ("Exempt Claim" or "Exempt Claims"), then the Parties shall proceed as follows: (i) the Parties shall arbitrate on an individual basis any non-Exempt Claim to the maximum extent permitted by law; and (ii) Employee and the Company and/or PEO agree that litigation of any Exempt Claim should be stayed pending final resolution of all non-Exempt Claims in arbitration so that litigation of the Exempt Claim(s) does not disrupt the arbitration proceedings or render them ineffective; no party shall oppose the other party's request for a stay. Under no circumstances shall this Agreement be construed to allow arbitration on a class, collective, or other similar basis.

This is the entire agreement between Employee, on the one hand, and the Company and/or PEO, on the other hand, regarding dispute resolution, and this Agreement supersedes any and all prior agreements regarding these issues. Any agreement contrary to the foregoing must be entered into, in writing, by Employee, President of the Company and President of PEO. Oral representations made before or after employment do not alter this Agreement.

**EMPLOYEE'S SIGNATURE BELOW ATTESTS TO THE FACT THAT EMPLOYEE HAS READ, UNDERSTANDS, AND AGREES TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
EMPLOYEE NAME (PRINT)

\_\_\_\_\_  
DATE



**DIRECT DEPOSIT AUTHORIZATION FORM**

Company Name: FRENCH TRUCKING, INC

Employee Name: \_\_\_\_\_ SSN (Last 4 Digits): \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

New Account       Additional Account       Information Change       Cancellation

Bank Name or KURENSE Paycard	Routing Number [ 9 digits ] (Leave blank if KURENSE Paycard)	Account or KURENSE Card Number	Checking (C) Savings (S) KURENSE Paycard (P)	Amount (All or Specific Amount)

**Requested for Validation Purposes**

**For checking accounts please attach a blank check (or copy) marked "VOID"**

**For savings accounts please attach a deposit slip (or copy)**

**If no validation is provided PEOPLELEASE / PLC is not responsible for incorrect information  
above**

- **Important:** Call your bank to ask them what the routing (ABA) number is for direct deposits since it is sometimes not the same as the bank number shown on the check or deposit slip. This is particularly important for savings accounts.
- We do not guarantee timely deposit at Credit Unions since their procedures differ from normal banking procedures.
- If you fail to advise PEOPLELEASE / PLC Services, in writing, that your bank account has been closed and this results in a return of funds by the Federal Reserve, a \$42 processing fee will be charged to you (payroll deducted) to re-direct the funds.
- PEOPLELEASE / PLC Services must have written notice, fax copies will be considered as an original, to make any changes to account information or to stop the direct deposit.

**Note:** Due to circumstances beyond our control, PEOPLELEASE / PLC Services cannot guarantee a direct deposit for any given day or time. It is your responsibility (the employee) to check with your financial institution regarding the availability of funds. PEOPLELEASE / PLC Services will not be responsible for any costs you may incur due to insufficient funds in your account(s).

**Authorization:**

By my signature below, I authorize PEOPLELEASE / PLC Services to deposit my paychecks and any other monies due me into the account(s) noted above and to initiate debit entries and adjustments for any credit entries deposited in error to my account(s) identified above and authorize the depository financial Institution to accept these credit and or debit entries. In addition, I authorize PEOPLELEASE / PLC Services to payroll deduct any associated fees as outlined above. This authorization will remain in effect until canceled by me in writing.

Employee Signature: _____	Date: _____
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